2010 UBO/UBU Conference

Health Budgets & Financial Policy

Briefing: **Physical Therapy Coding**

Date: **25 March 2010**

Time: **1010–1100**

Objective

- To standardize Physical Therapy coding practices throughout the AFMS…and the rest of the MHS
  - PT coding issues
  - Confusing coding problems
  - Questions

PT Coding Issues

- Acronyms
  - AAROM = Active Assistive Range of Motion
  - ABD* = Abduction
  - ADD* = Adduction
  - ADL = Activities of Daily Living
  - B = Bilateral/Both
  - CP = Cold Pack
  - DTR = Deep Tendon Reflex
  - ext = extension
  - FWP = Full Weight Bearing
  - GT = Gait Training
  - HEP = Home Exercise Program
  - HP = Hot Pack, or MHP = Moist Hot Pack

*(careful, more than one meaning)

PT Coding Issues

- Acronyms
  - IM* = Ice Massage
  - LBP = Low Back Pain
  - mob = Mobilized, Mobilization
  - OMT = Osteopathic Manipulative Therapy
  - POC* = Plan of Care
  - PROM = Passive Range of Motion
  - US = Ultra Sound, Ultrasonography
  - VO = Verbal Order
  - WP* = Whirlpool, Warm Pool, Wet Pack

*(careful, more than one meaning)

PT Coding Issues

- Activities of Daily Living
- Gait Training
- Osteopathic Manipulative Therapy
- Incident-to services (aka Technician services)
- When are PT evaluations/re-evaluations coded

PT Coding Issues

- Activities of Daily Living
  - CPT® Code 97535
  - Self–care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
  - APTA advises - This code should be utilized when a patient is trained in the use of assistive technology to assist with mobility, seating systems and environmental control systems for use in the home environment (e.g., wheelchair mobility using a mouth control)

PT Coding Issues

- 97535 – Self Care Management
- Designed for ADL training/return to function at home
  - Cooking
  - Cleaning
  - Transfers in/out of vehicle or bathroom
  - Transfers out of actual hospital bed (not plinth)

PT Coding Issues

- Gait Training
  - CPT® Code 97116
  - Watching, evaluating and training on the manner or style of walking, including rhythm and speed. Three phases of gait include the stance phase, the swing phase, and the double support phase.
- Crutch training included

PT Coding Issues

- Osteopathic Manipulative Treatment
  - CPT® codes 98925-98929
  - Generally performed by Doctors of Osteopathy (DO)
- More appropriate in PT is CPT® code 97140 Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
  - Manual therapy based on time (use units of service) as well as regions

PT Coding Issues

- 98925-98929 OMT codes
- Civilian PTs do not use this code
- DoD guidelines allow PTs to utilize OMT when appropriate

PT Coding Issues

- V57.1 Encounter for other physical therapy
  - Per BDQAS – for the first quarter of FY10 utilized 85,679 times for the AF
  - To be assigned in primary/first listed position
  - Condition diagnoses coded secondarily
- Don’t assign V57.1 when patient presents for evaluation or re-evaluation – even when treatment starts that day
  - Assign referred condition in primary/first listed position

PT Coding Issues

- Incident-to Services (aka Technician services)
  - UBO restricts use of conventional incident-to services
  - Appointment made to the technician if they are the provider of that therapeutic service
  - PT co-signatures are not required as services will not be billed although still generates RVUs for the clinic
    - Still needs a supervising provider named on encounter (not necessarily a co-signature)
  - All tech services are provided under a therapist or physician documented plan of care

PT Coding Issues

- When are PT evaluations re-evaluations coded
  - CPT® Code 97001 evaluation
  - CPT® Code 97002 re-evaluation
  - Evaluations may occur when a new diagnosis is present to develop plan of care
  - Re-evaluations may occur when improvement or decline of patient condition was not anticipated to determine any changes to plan of care
    - Patient not meeting documented long and/or short term goals

PT Coding Issues

- Documentation
  - All methods of therapy must be documented in the patient record
  - Timed codes are coded per units of at least 8 minutes for one unit (see slide 17 for table)
  - Do not combine timed codes in separate modalities/therapeutic procedures to get one unit of service – if under 8 minutes that modality/procedure will not be coded

PT Coding Issues

- What is the most important thing to remember about coding?
- If it wasn't documented…

  it wasn't done!
- #1 issue from the coder's is supporting documentation

PT Coding Issues

- Rule of 8's
- Most CPT codes are based on units of time
  - Rule of 8's (>8 or multiples of 15+8)
    - 1 unit = ≥ 8 minutes but < 23 minutes
    - 2 units = ≥ 23 minutes but < 38 minutes
    - 3 units = ≥ 38 minutes but < 53 minutes
    - 4 units = ≥ 53 minutes but < 68 minutes
- MUST validate number of units against total treatment time
  - If in clinic for 3 different modalities…
  - 97110 x 12 min; 97112 x 10 min; 97010 x 20 min
  - How many units can you charge???
- Answer: 1 Unit of 97110: Timed 1-on-1 services = 22 min, 1 Unit of 97010: Supervised services (untimed)

PT Coding Issues

Unit of Service	Greater than or equal to	And fewer than
1	**08** minutes	**23** minutes total for all time-based modalities
2	**23** minutes	**38** minutes total for all time-based modalities
3	**38** minutes	**53** minutes total for all time-based modalities
4	**53** minutes	**68** minutes total for all time-based modalities
5	**68** minutes	**83** minutes total for all time-based modalities
6	**83** minutes	**98** minutes total for all time-based modalities
7	**98** minutes	**113**-minutes total for all time-based modalities
8	**113** minutes	**128**-minutes total for all time-based modalities

PT Coding Issues

- Documentation
  - Physical Therapy Evaluations:
  - Initial Evaluations (97001) include:
    - Therapist evaluates the patient
      - History
      - Examination
      - Assessment
      - Treatment plan
  - Re-evaluations (97002) include:
    - Re-examination
    - Assessment of progress
    - Modifications to plan

PT Coding Issues

- Documentation
  - Elements inclusive to examination or re-examination that are not coded separately
    - Muscle testing 95831-95834
    - Range of motion 95851-95852
    - Health and Behavior Assessment/Intervention 96150-96155
    - Physical Performance Test 97750
    - Assistive Technology Assessment 97755
    - Orthotic/Prosthetic checkout 97762
    - MNT 97802-97804
    - MTMS 99605-99607

PT Coding Issues (Q&A)

- Is there a limit to re-evaluation codes per pt? (If I have to do re-evaluation 3 x wk due to changes, is it alright to charge it each time?)

YES	NO
▸ If these changes were… ◦ Unanticipated ◦ Due to complications, additional surgeries and/or procedures, or the instability of the pt's condition ◦ Require you to adjust your goals/treatment	▸ If these changes were… ◦ Expected ◦ Normal progression w/ course of care ◦ Built into your POC ◦ Require minimal modification of your plan ◦ No changes to your goals

PT Coding Issues

- Modalities – Supervised
  - The “supervised modalities” (97010-97028) do not require direct one-on-one contact by the provider. Only one unit can be coded per visit, regardless of the number of body parts treated
  - Direct supervision – must be physically present and available in the clinic
- Modalities – Constant Attendance
  - The “constant attendance modalities” (97032-97039) require that a provider have direct one-on-one contact with the patient for the minutes represented by the code

PT Coding Issues

- Therapeutic Procedures (97110-97546)
  - Therapist required to have direct (one-on-one) patient contact
  - Constant attendance required unless group therapy (97150)
  - Personal supervision requires that the provider is in the same room of the patient during the entire procedure and in the immediate vicinity of the patient.

PT Coding Issues (Q&A)

- *T or F: We code what our patients do during their treatment session.*
- FALSE
  - Technicians and therapists code what THEY do in the clinic…NOT what their PATIENTS do in the clinic.
  - Remember…the following are necessary in order to code for workload/reimbursement
    - REASONABLE & MEDICALLY NECESSARY
    - ADEQUATELY DOCUMENTED
    - Rendered by a QUALIFIED PROFESSIONAL
    - SKILLED services provided under a PLAN of CARE

PT Coding Issues (Q&A)

- How can I bill for the time one patient is exercising in the gym doing exercises on the equipment?

If, while exercising, the PT or PTA is monitoring the pt's pulse and BP and instructions are given related to target HR and adjustments are made to the speed/angle of the treadmill… observations are being made and recorded, the service would be considered skilled and billable. All of the components of the service that represent skilled care must be documented.	**Supervision of one patient performing exercises in the absence of provision of skilled services is not billable.**
YES	**NO**

PT Coding Issues (Q&A)

- Can joint mobilization be coded and charged by techs?
- YES, there is nothing in the DoD coding guidelines preventing military technicians from using 97140.
  - Military technicians need to have this training documented in their AFTR.
  - The supervising therapist is the final authority and responsibility in educating/training/certifying that the technician working under their plan of care is qualified to provide joint mobilizations.

PT Coding Issues

- Modalities (97010 – 97039)
  - **Supervised**
    - **Codes 97010-97028**
    - **Does not require direct patient contact (1-to-1)**
    - **Time is NOT a factor**
    - **Only 1 unit/visit**
  - **Constant Attendance**
    - **Codes 97032-97039**
    - **Requires 1-on-1**
      - **Provider maintains visual, verbal, and/or manual contact with the patient throughout procedure**
  - **Time based—include time required to perform all aspects of service**

PT Coding Issues

- Supervised Modalities

CPT Code	Definition
97010	Hot / Cold pack
97012	Traction, mechanical
97014	E-stim (unattended) [Indications other than wound care]
97016	Vasopneumatic device therapy
97018	Paraffin Bath
97022	Whirlpool / Fluidotherapy
97024	Diathermy treatment

Untimed codes Do not require 1-on-1

May only be used once per visit (regardless of number of areas treated)

***Disposable electrodes are included and cannot be billed separately**

PT Coding Issues

- Supervised Modalities
  - Documentation Requirements
  - Use codes 97010-97028
  - Supervised by provider but does not require direct patient contact (one-to-one)
  - Time is not a factor—only 1 unit can be reported for each encounter

PT Coding Issues

- Constant Attendance Modalities

CPT Code	Definition
97032	Electrical Stimulation (attended)
97033	Electric current therapy/Iontophoresis
97034	Contrast bath therapy
97035	Ultrasound therapy
97036	Hydrotherapy

Requires 1-on-1

Provider maintains visual, verbal, and/or manual contact with the patient throughout procedure

Time based—include time required to perform all aspects of service

PT Coding Issues

- Constant Attendance
  - Documentation Requirements
    - Use CPT codes 97032–97039
    - Requires one-on-one contact
      - Provider maintains visual, verbal, and/or manual contact with the patient throughout procedure
      - Time based—include time required to perform all aspects of service

PT Coding Issues

CPT Code	Definition
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97113	Aquatic therapy/exercises
97116	Gait training therapy
97140	Manual therapy
97150	Group therapeutic procedures
97530	Therapeutic activities
97532	Cognitive skills development
97533	Sensory integration
97535	Self care/management training
97537	Community/work reintegration

PT Coding Issues

- Documentation Requirements
  - Skilled services that affect change through the application of clinical skills and/or services that attempt to improve function
  - Requires direct, one-on-one patient contact by provider—maintain visual, verbal, manual contact with patient throughout procedure
  - For technicians, must be working under guidance of privileged provider – plan of care

PT Coding Issues

- Therapeutic Procedures (97110-97546)
- Codes represent the majority of what is done
- Requirements as follows:
  - Skilled services
  - Requires 1-on-1
  - Time-based codes
  - Provider maintains visual, verbal, and/or manual contact with the patient throughout the procedure

PT Coding Issues

- Do we need to document the specific amount of time spent performing each timed procedure?
  - Yes
  - 97110 (Therex) x 12 min
    - SLR x 3 (3x15); SAQ (3x15); Wall Slides 3x25
  - 97112 (Neuromuscular Re-Ed) x 13 min
    - Single Leg stand Rebounder (3x25 tosses w/2# ball)
    - 3 Dir hip kicks w/Tband on uninvolved (3x10)
  - 97010 (ice) x 15 min (untimed-use only once/visit)
    - Total 1-on-1 time = 25 min
    - Total treatment time (timed + untimed) = 40 min
- Documenting the time required to perform each individual exercise is NOT mandatory

PT Coding Issues

- Can I code for treatment during an evaluation?
  - YES, Documentation is the critical component
  - For example, if you evaluated a low back pain patient, you can code 97001 (eval) and then 97110 (10 minutes of therapeutic exercise instruction…if you instruct the patient and have them demonstrate proficiency in the same visit).

PT Coding Issues (Q&A)

- Why would we use assisted exercises for ROM (97110) with PT neuromuscular re-education (97112)?
  - 97110
    - Exercises to develop strength, endurance, ROM, and flexibility
  - 97112
    - Activities to facilitate re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception
    - Ankle rehab to restore ROM (97110) and Single leg standing on a foam pad +/- Rebounder (97112)

PT Coding Issues

- Orthotics and Prosthetics
- 97760-97762 replaced codes 97504/97520/97703 in 2006
  - AMA says: "Orthotic management (97760) includes assessing the patient; determine the most appropriate orthotic (e.g., Static vs. dynamic); and designing, selecting, and fabricating the orthotic."
  - "Also includes further orthotic training during follow-up visits including exercises performed in the orthotic, instruction in skin care, and orthotic wearing time."
    - Extracted from APTA publication
      - Physical Therapy Reimbursement *News*
      - Volume 13, Number 2 (March/April 2006)
- Do not use with HCPCS Level II codes (L- and K-section) if in the description the assessment and fabrication is listed.

PT Coding Issues

- Can we use 97530? How is this different form 97110?
  - Yes
  - Therapeutic exercise (97110)
    - Includes activities related to strengthening, endurance training, ROM, and flexibility. These activities can include use of free weights, exercise machines such as treadmills or ergometers, and AROM/PROM
  - Therapeutic activities (97530)
    - Utilize dynamic activities to improve functional performance. Think of this as the “-ing” code, for example “lifting,” “pulling,” “pushing,” “running,” and “jumping.” If you are providing instruction in activities related to an actual activity, then the therapeutic activity code would be appropriate.
- Reimbursement, Coding, and Compliance for Physical Therapists The ABCs of CPT Coding, By Rhea Cohn, PT, MA // APTA Web site

PT Coding Issues

- Direct Access – Initial Evaluation (situations requiring E code)
- Requirement for E-Codes (2.2.9)
- If performing DIRECT ACCESS and this is the *first time* the patient has been seen at the MTF for the current injury (due to external causes) E 800-999 & V71.3 – V71.6 Used to describe where, why, & how injury occurred
  - Coding
    - 724.2 Low back pain
    - Exxx.x injury due to fall from ladder
  - Documentation
    - Should include DOI, location, if MVA related (state) or if work related (name of employer)

PT Coding Issues

- V Codes
- Use V-codes when the initial treatment of a disease or injury has been completed (via surgical or wound healing), but requires continued care during the healing phase or long term consequences of the condition/disease
- Aftercare Codes for Injury/Fractures
  - V53.7 Orthopedic device fitting and adjustment
  - V54.89 Aftercare for healing fracture (NOS)
  - V54.81 Aftercare following joint replacement
  - V58.78 Aftercare following surgery of the musculoskeletal system (NEC)
  - V67.89 Follow up visit after all treatment is complete and patient no longer has diagnosis/problem for which they sought care

PT Coding Issues

- Patient Education
- Capture patient education…which is critical component is under the one-on-one codes
  - 97110
  - 97112
  - Etc…based on what you are teaching
  - Key is to document what was covered

PT Coding Issues

- Group Therapy - 97150
- Area of significant controversy
- Key issues
  - PT/OT services provided simultaneously to two or more individuals by a practitioner as group therapy. The individuals can be, but need not be performing the same activity. The PT/OT or PM Tech involved in the group therapy must be in constant attendance [providing feedback/actively involved], but one-on-one contact is not required.
- PM Technician codes = 97150

PT Coding Issues (Scenario)

- Patient is a “regular”
- She grabs her flow sheet and begins exercising independently (Bike x 10 min; Hamstring Curls 3 x 15; Leg Press 3 x 15; Fitter x 10 min) in gym.
- The PM tech is working with another patient across the room.
- Patient finishes the treatment and asks the tech for some ice.
- Independent exercise in the clinic is NOT a “skilled service” and cannot be billed/coded
- PM Technician codes = 97010 (1 unit)…THAT’S IT!

PT Coding Issues

- Why can't I get more than 4 CPT codes…& they're missing my units of service?
- Problems with SADR
- Unable to capture the following:
  - Units of service
  - Modifiers
  - Any CPT or ICD-9 beyond four
- CAPER is coming soon to an MTF near you…

Questions

???